

# The Navajo Nation Department of Veterans Affairs



Mailing Address  
PO Box 430  
Window Rock, AZ 86515

Telephone No.  
(928) 871-7284 / 6598

Fax No.  
(928) 871-7288

## Cosigner Application for a Veterans Loan

Amount Requested: \$ _____	Purpose of Loan: _____	Have you received or co-signed on a Veterans or Personal loan? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and what type: _____
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### SECTION A – CO-APPLICANT(S) INFORMATION

Name (Last, First, Middle) _____	Census No. _____	Social Security No. ____-____-____	Date of Birth ____-____-____
Other Names Used: _____			
Current Mailing Address (City, State, Zip Code) _____	How Long at Address? Yrs/Mo. _____		Home Phone No. ( )
Physical Address (Street, Apt. #, etc.) (City, State, Zip Code) _____			
Chapter Affiliation (Applicant)	Agency	Chapter Affiliation (Spouse)	Agency
Elected /Appointed Official? Yes { } No { }	(If Yes) Position: _____	Elected /Appointed Official? Yes { } No { }	(If Yes) Position: _____

### SECTION B – MARITAL STATUS

Married { }	Common Law { }	Unmarried { }	No. of Dependents _____
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### SECTION C – PERSONAL REFERENCES (Provide 3 References)

1. Nearest Relative & Address _____	Relationship _____	Home Phone No. ( )	Work Phone No. ( )
2. Nearest Relative & Address _____	Relationship _____	Home Phone No. ( )	Work Phone No. ( )
3. Personal Friend (Not a Relative) & Address _____	Friend _____	Home Phone No. ( )	Work Phone No. ( )

### SECTION D – EMPLOYMENT INFORMATION

Present Employer & Address _____	Date of Employment _____	Position or Title _____	Work Phone No. ( )
Previous Employer & Address (If Less Than Two Years) _____			

### SECTION E - INCOME AND FINANCIAL INFORMATION

	(Wages - Net)	(Retirement)	( SS / SSI )	Total Monthly Income (from all sources)
Co-Applicant's Monthly Income	\$ _____	\$ _____	\$ _____	
OTHER SOURCE OF INCOME \$ _____				
Have you ever filed Bankruptcy?	If so, When?			

**SECTION F – LIST ALL DEBTS OUTSTANDING**

Creditor's/Credit Cards	Address/ Account # s	Original Amount	Present Balance	Monthly Payments	For Office Use Only
1. <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Own Home		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$
5.		\$	\$	\$	\$
6.		\$	\$	\$	\$
7.		\$	\$	\$	\$
8.		\$	\$	\$	\$
9.		\$	\$	\$	\$
10.		\$	\$	\$	\$
(If More, List on Separate Sheet)				<b>TOTAL:</b>	\$

**SECTION G – ASSETS OWNED AND LIVING EXPENSE**

Assets	Cash or Value Amount	Estimated Monthly Living Expenses	Amount
1. Checking, Savings Accounts, Cash on Hand	\$	1. Food	\$
2. Life Insurance (Face Amount)	\$	2. Clothing	\$
3. Vested Interest in Retirement Fund	\$	3. Utilities (Electricity, Water, Propane, Telephone, etc.)	\$
4. Net Worth of Business Owned (If self employed)	\$	4. Vehicle Expense (Transportation, Repairs)	\$
5. Automobile(s): (year, make, model)	\$	5. Insurance: (House, Life)	\$
6. Automobile(s): (year, make, model)	\$	6. Insurance: (Vehicle(s))	\$
7. Personal Property	\$	7. Medical Expense	\$
8. Machinery	\$	8. Educational Expense	\$
9. Furniture	\$	9. Child Care or Babysitting Expense	\$
10. Other(s)	\$	10. Child Support/Alimony Payment	\$
11. Other(s)	\$	11. Contributions/Recreation	\$
12. Other(s)	\$	12. Other(s)	\$
<b>TOTAL (1 thru 12):</b>	\$	<b>TOTAL (1 thru 12):</b>	\$

SIGNATURE(S)

By my signature, I certify that all information contained herein is accurate, true, and complete and furnished for the purpose of obtaining a loan from the Navajo Nation. I understand and consent that any information contained herein including employment in connection with this application will be verified. I hereby authorize the Navajo Nation to check my credit profile with a Credit Reporting Agency. I understand my application is subject to the compliance of the Navajo Nation Business Procurement Act. I understand that as a Cosigner, I am legally obligated to repay the outstanding debt, including late fees, interest, and court costs; if applicable. If the primary Borrower(s) should fail to conform to the terms of the loan agreement, the lender may, with or without recourse to legal proceedings, collect this debt from me without first trying to collect from the primary Borrower(s). The Lender will use the same collection methods used against the primary Borrower(s), such as payroll deductions, judicial process, etc.

I understand and agree to assume all financial and legal obligations arising from the granting of any credit made under the Program. If applicable, I understand that if I am an elected official or political appointee, a notarized Ethical Certification shall supplement Application attesting that I will refrain from requesting any special consideration from any personnel/program of the Navajo Nation government and will abide by the Navajo Ethics in Government Law. Any misstatement of fact(s) or misrepresentation of information may be grounds for being an eligible Cosigner. I understand this application and all its contents become the property of the Navajo Nation.



Cosigner's Signature

Date

FOR OFFICE USE ONLY

LOAN OFFICER'S RECOMMENDATION

Date of Review \_\_\_\_\_ BPA Clearance Date (AR) \_\_\_\_\_ BPA Clearance Date (CS) \_\_\_\_\_

Co-Applicant's Credit Score \_\_\_\_\_

Total Income \$ \_\_\_\_\_ Total Debts \$ \_\_\_\_\_ Debt to Income Ratio \_\_\_\_\_ %

Eligible Amount \$ \_\_\_\_\_ Loan Repayments \$ \_\_\_\_\_ Int. Rate \_\_\_\_\_ % Loan Terms \_\_\_\_\_

Remarks: \_\_\_\_\_

Loan Officer \_\_\_\_\_

Date: \_\_\_\_\_



RETURNED ☐ Comments: \_\_\_\_\_

\_\_\_\_\_

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